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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number 10/815,338
	Filing Date April 1, 2004
	First Named Inventor Morris et al.
	Art Unit 3733
	Examiner Name Davis, D.
Total Number of Pages in This Submission 96	Attorney Docket Number 7107-4CIP

<b>ENCLOSURES</b> <i>(Check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Copies of refs. EP 0 792 621 A1, GB 2 398 012A and WO 2004/071306 A1
Remarks		

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>	
Firm or Individual name Michael K. Dixon/Akerman Senterfitt/Reg. No. 46,665 P.O. Box 3188 West Palm Beach, FL 33402-3188	Signature 
Date October 20, 2005	

<b>CERTIFICATE OF TRANSMISSION/MAILING</b>		
<p>I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.</p>		
Typed or printed name Michael K. Dixon, Reg. No. 46,665		
Signature 		Date October 20, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **(*\$*) 180.00**

## Complete if Known

Application Number	10/815,338
Filing Date	April 1, 2004
First Named Inventor	Morris et al.
Examiner Name	Davis, D.
Art Unit	3733
Attorney Docket No.	7107-4CIP

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  Other  None

Deposit Account:

Deposit Account Number  
50-0951  
Deposit Account Name  
AKERMAN SENTERFITT

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
<b>SUBTOTAL (1)</b>		<b>(<i>\$</i>) 0.00</b>	

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
	-20** =	X	=
Independent Claims	- 3** =	X	=
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>		<b>(<i>\$</i>) 0.00</b>

\*or number previously paid, if greater; For Reissues, see above

## 3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	
1502 480	2502 240	Design issue fee	
1503 640	2503 320	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	180.00
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	
Other fee (specify) _____			

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3) (*\$*) 180.00**

## SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Michael K. Dixon	Registration No. (Attorney/Agent)	46,665	Telephone	561.653.5000
Signature				Date	October 20, 2005

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## THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Morris et al.

Application No.: 10/815,338

Examiner: Davis, D.

Filed: April 1, 2004

Group Art Unit: 3733

For: Compact Suture Punch with Malleable Needle

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

<b>Certificate of Transmission</b>	
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to the United States Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450 on October 20, 2005.	
	
Michael K. Dixon Reg. No. 46,665	
DATE: October 20, 2005	

### **SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

Sir:

Pursuant to the Duty to Disclose under 37 C.F.R. §1.56, Applicants hereby disclose information that may be relevant to the Examiner's consideration of the above-identified application and the patentability of its claims.

In accordance with Rules 56, 97, and 98 of the Rules of Practice in Patent Cases (37 C.F.R. §§ 1.56, 1.97, and 1.98), Form PTO/SB/08A with references cited therein is submitted for consideration by the Examiner. While the references provided in this Supplemental Information Disclosure Statement may be material to patentability pursuant to 37 C.F.R. § 1.56, it is not intended to constitute an admission that any reference referred to herein is prior art for

10/25/2005 WASFAW1 00000025 500951 10815338

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In re Application of: Morris et al.  
Application No.: 10/815,338  
For: Compact Suture Punch with Malleable Needle  
Supplemental Information Disclosure Statement  
Page 2

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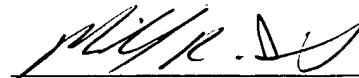
this invention unless specially designated as such. Also, in accordance with 37 C.F.R. §1.97(g), the filing of this Supplemental Information Disclosure Statement shall not be construed to mean that a search has been made or that no other material information as defined in 37 C.F.R. § 1.56(a) exists.

This Supplemental Information Disclosure Statement is being filed after receipt of an Search Report dated July 29, 2005 in a corresponding British patent application. A copy of the Search Report is attached.

Each item of the information enclosed in this information disclosure statement was first cited in a communication from the British patent office in a corresponding British patent application not more than three months ago.

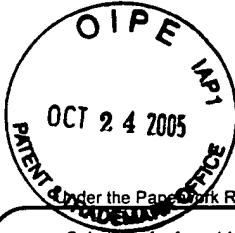
The Commissioner is authorized to charge any additional fees due or credit any overpayment to Deposit Account No. 50-0951.

Respectfully submitted,

  
\_\_\_\_\_  
Michael K. Dixon, Reg. No. 46,665  
Akerman Senterfitt  
222 Lakeview Avenue, Suite 400  
Post Office Box 3188  
West Palm Beach, FL 33402-3188  
Phone: 561.653.5000  
Fax: 561.659.6313

Date: October 20, 2005

Docket No.: 7107-4CIP



OCT 24 2005

PTO/SB/08A (04-03)

Approved for use through 04/30/2003. OMB 0651-0031

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**Substitute for form 1449/PTO**

## **INFORMATION DISCLOSURE STATEMENT BY APPLICANT**

*(Use as many sheets as necessary)*

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of

1

**Complete if Known**

Application Number	10/815,338
Filing Date	April 1, 2004
First Named Inventor	Morris et al.
Art Unit	3733
Examiner Name	Davis, D.
Attorney Docket Number	7107-4CIP

## U. S. PATENT DOCUMENTS

## FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup> Number <sup>4</sup> Kind Code <sup>5</sup> (if known)				
		EP 0 792 621 A1	09/03/1997			
		GB 2 398 012 A	08/11/2004			
		WO 2004/071306	08/26/2004			

Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.<sup>1</sup> Applicant's unique citation designation number (optional).<sup>2</sup> See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.4.<sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3).<sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document.<sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible.<sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

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